

ARKANSAS STATE TREASURY
DESIGNATION OF AUTHORIZED REPRESENTATIVES

WHEREAS, _____ is a [national] [state chartered] banking association
(Bank Name)

with its principal office at _____, _____, _____; and
(Address) (City) (State) (Zip Code)

WHEREAS, _____ wishes to serve
as a designated depository for Arkansas
(Bank Name) State Treasury funds; and

NOW, THEREFORE, as authorized by Certificate of Corporate Resolutions as a part of the Security Agreement for Funds Held in Deposit between the Treasurer of the State of Arkansas and

_____, I, _____, hereby designate the
(Bank Name) representatives listed below or attached as duly authorized to transact business with the Treasurer of the State of Arkansas.

NAME: _____ TITLE: _____

SIGNATURE:

NAME: _____ TITLE: _____

SIGNATURE:

NAME: _____ TITLE: _____

SIGNATURE:

NAME: _____ TITLE: _____

SIGNATURE:

BY:

Signature

Title

Date ATTEST:
